

---

[In the Affirmative](#)[Periodicals](#)

---


5-15-1999

**In the Affirmative, Vol.6, No.5 (Mid-May/Mid-June 1999)**

Mick Martin

The AIDS Project

Follow this and additional works at: <https://digitalcommons.usm.maine.edu/affirmative>

 Part of the [American Studies Commons](#), [Lesbian, Gay, Bisexual, and Transgender Studies Commons](#), and the [Public Health Commons](#)

---

**Recommended Citation**

Martin, Mick and The AIDS Project, "In the Affirmative, Vol.6, No.5 (Mid-May/Mid-June 1999)" (1999). *In the Affirmative*. 20.

<https://digitalcommons.usm.maine.edu/affirmative/20>

This Book is brought to you for free and open access by the Periodicals at USM Digital Commons. It has been accepted for inclusion in In the Affirmative by an authorized administrator of USM Digital Commons. For more information, please contact [jessica.c.hovey@maine.edu](mailto:jessica.c.hovey@maine.edu).

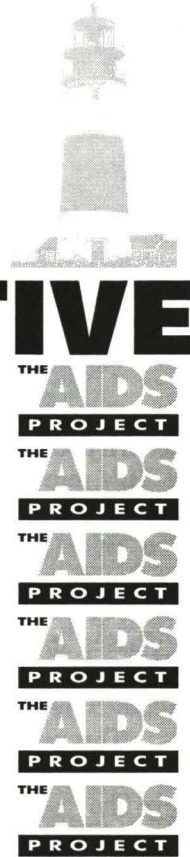
# 1999

## Mid-May to Mid-June

volume VI number V

# IN THE AFFIRMATIVE

a newsletter for Maine's HIV/AIDS community



## IN THIS ISSUE

### Page One

TAP To March With Pride.

### Page Two

By The Way, editor Mike Martin's monthly column. This month Mike goes back to high school.

### Page Three

The Wellness & You Program, a comprehensive health program for people living with HIV.

### Page Four

HIV Medical Science News.

### Page Five

HIV Drug News and HIV Medical Science News.

### Page Six

HIV News.

### Page Seven

HIV and Women, HIV Vaccine News, and HIV Drug News.

### Page Eight

Support Groups, Client Services, and For Your Information.

## The AIDS Project Will Participate in the Southern Maine Pride Parade to Celebrate the G/L/B/T Community.

*by David Aaron Swander*

On Saturday, June 19, 1999, The AIDS Project will be participating in the Southern Maine Pride Parade in Portland. Our focus will be to "thank" the community and the volunteers for all their support over the years. The parade will begin at noon in Monument Square, heading up Congress Street, down High Street and ending in Deering Oaks Park. Those wishing to march with TAP employees, board members, and volunteers are encouraged to call TAP for more information. (Ask for David Aaron or Daniel when you call TAP at 774-6877.)

We are in the process of finding t-shirts for the parade volunteers and need a tally of how many TAP marchers to expect. Vehicles may be arranged for those who cannot walk the parade route. We hope you can join us!

### TAP Office Closed May 20th

The AIDS Project's office in Portland will be closed on Thursday, May 20th for painting. We will resume normal business hours the next day.



# by the way

by Mike Martin



## back to school special

Going back to school was a lot more fun than I had expected it to be. The AIDS Project was recently invited to do some HIV prevention education at South Portland High School. So Gloria Leach, TAP's Community Educator; Declan Buckley, TAP's Outreach Worker; Doug Eaton, TAP's Hotline and Counseling and Testing Coordinator; and I headed out to South Portland High where we spoke to the four classes individually (freshman, sophomores, juniors, and seniors) in their very impressive auditorium. Each class has about 200 students.

This was the first time I had been asked to speak with the folks from TAP's Prevention Education department. Mostly I have spoken to healthcare students and professionals, from Biddeford to Orono, in conjunction with the AIDS Consultation Service of Maine Medical Center. So, not only was I facing a new audience, but a new cast as well. I am pleased to say that we hit it off all around.

As the kids straggled into the auditorium, some of them horsing around, some of them looking decidedly wary, I noticed some of them were wearing red ribbons, in support of AIDS awareness. Then the principal introduced us and Gloria led the way. Gloria is 65 years old and so she began her talk by saying, "A lot of you are probably wondering why your grandmother is talking to you about HIV!" It's a great icebreaker, and the kids all laughed.

And then for an hour and fifteen, with each class, Gloria, Declan, Doug and I talked to the kids about HIV and AIDS. The school allowed us to be very frank with the kids, and the kids really paid attention. The invitation to speak came about because students and teachers at the school let the principal know that they wanted to go further in their HIV

education than what they were learning in health classes. We certainly went further. Gloria has a very straight-forward approach to HIV education and she set the tone for these sessions.

Of course, the hope is that by reaching over 800 kids, we will make a dent in the epidemic of HIV. Studies indicate that young, gay men are slacking off when it comes to safer sex. And, in youth in general, there is a growing complacency about safer sex practices, though, by the curiosity and attention, we received at South Portland High, you wouldn't know it. These kids seemed very aware and eager to know more.

After each session, the kids were invited to come up to us and ask questions if they had any. Mostly the kids who came up to me just wanted to tell me about a relative of their's who had HIV, or had died of AIDS and for whom they had made a quilt panel.

In a time when Maine high schools are feeling the effects of the shootings and bombings at Columbine High in Colorado, being safe is on kids' and teachers' minds. The principal even said in her introductions that the reason for having The AIDS Project come to the school was all about helping the kids be safe and healthy.

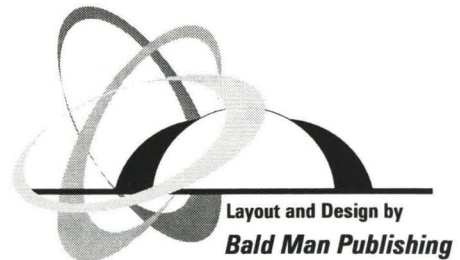
The greatest challenge in the epidemic is to reach out to youth with information and real stories about HIV and AIDS, to help them make responsible decisions about their sexual practices. I was very impressed with Gloria, Declan, and Doug, and with the students and staff at South Portland High. And I can't help but think that the message got through to a lot of those very attentive students. The message being that information is power -- power to stay healthy. ■

---

## IN THE AFFIRMATIVE

*In The Affirmative* is a monthly newsletter published by The AIDS Project for people living with and affected by HIV/AIDS. Letters, articles, or other submissions should be sent to: *In The Affirmative*, c/o The AIDS Project, P.O. Box 5305, Portland, ME 04101, or call (207) 774-6877. Submissions can be printed anonymously as long as the person submitting the material includes his or her name and phone number for verification.

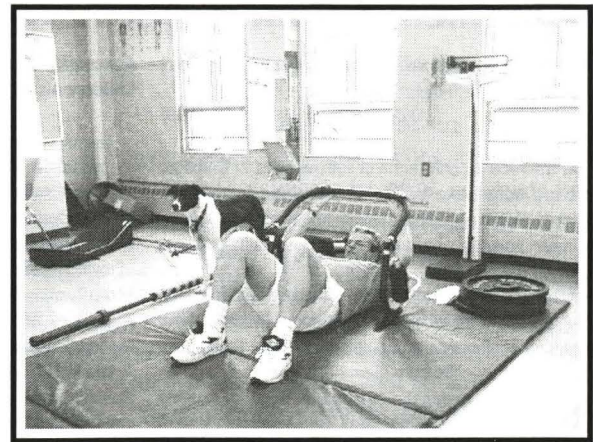
News, information, and features are as up-to-date as possible prior to publication. Any medical information included in this newsletter is submitted for the reader's information only, to be used as the reader so chooses.





# A Safe, Healthy, and Friendly Meeting Place for HIV-positive People in Southern Maine.

*by Billy, Johnathan, and Judy*



## The Wellness & You Program at the University Of New England, Westbrook Campus.

When people hear the name of this program, images of kindergarten field trips and basket weaving may come to mind, but Wellness & You, sponsored by the University Of New England and the AIDS Project, is anything but a walk in the park. This nationally-recognized program for people living with HIV offers many unique opportunities.

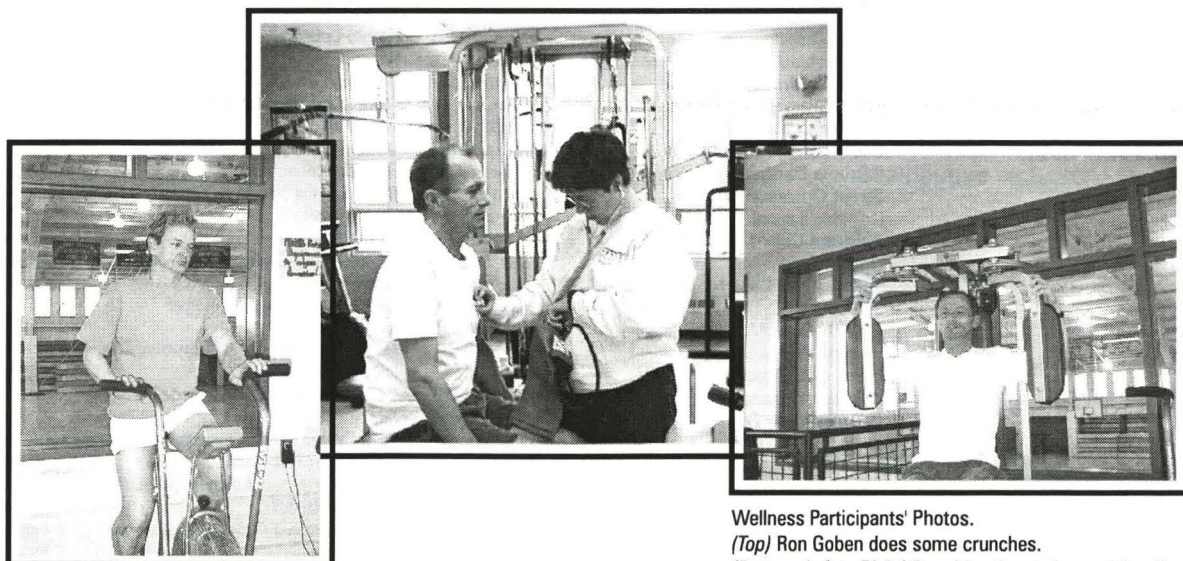
Working out has been proven to help bolster the immune system. Statistics show that maintaining healthy muscle mass will increase an individual's quality of life. This is a program about individualized health care for those living with HIV. It can include everything from stretching exercises to free weights, cardiovascular training to HIV-related nutritional information, as well as introductions to alternative therapies such as yoga, massage, Tai Chi, Reiki, and self-defense.

Wellness & You provides a safe meeting place. The participants are all people living with HIV. Attending provides the opportunity for HIV-positive people to help each other combat the isolation of being positive in the state of Maine. Men and woman, straight and gay are all together sharing their growth through healthy channels.

A special thanks to the University Of New England for providing such a safe and comfortable atmosphere. Also, thanks to Judy Vezina, the program's coordinator, for contributing to this well-supervised experience.

Some participants have commented that, "the Wellness program and Judy saved my life," and "it's one of the best experiences I have had in the state of Maine." For better health and as an alternative meeting place with a safe and comfortable environment, the Wellness & You program can't be beat!

**Wellness & You is currently accepting new members, for more information, please contact: Daniel Schnorbus, TAP's Client Services Coordinator, at The AIDS Project in Portland at 774-6877 or Denise Ferer, TAP's York County Case Manager at The AIDS Project in Kennebunk at 985-8199. ■**



Wellness Participants' Photos.

(Top) Ron Goben does some crunches.

(Bottom, Left to Right) Ron rides the stationary bike. Neal Brown is checked out by Wellness Coordinator Judy Vezina. Neal works with some of the equipment available at UNE.





## HIV Medical Science

### Lipidostrophy: Glaxo Researchers Suggest Mechanisms, Publish Data

*AIDS Treatment News (03/19/99)*

At the recent conference of retroviruses in Chicago, researchers from Glaxo Wellcome presented hypotheses and related data on lipodystrophy in HIV-infected patients, which many scientists believe is associated with protease inhibitor therapy. Some patients have shown high cholesterol and triglyceride levels, abnormal fat deposits, and the development of insulin resistance. Studies show that saquinavir, zidovudine, and nelfinavir greatly reduce the development of fat cells from stem cells in vitro. The drugs also increased the metabolic destruction of fat in existing fat cells. The loss of deposited fat in the body could lead to high levels of low-density lipoprotein cholesterol and triglycerides. Another proposed mechanism involves retinoids, compounds that are related to vitamin A. When protease inhibitors and retinoids were combined, complex reactions were observed in certain genes. Indinavir may cause some effects resembling lipodystrophy by changing retinoid signaling. If the mechanism is correct, patients receiving indinavir may be at risk if they also take vitamin A supplements.

### Liposuction for Protease-Inhibitor-Associated Lipodystrophy

*Lancet (04/10/99)*

Mexican researchers presented the case of a 46-year-old man who used liposuction to treat the lipodystrophy that developed as a result of his use of saquinavir and nelfinavir. The man, who was diagnosed with HIV in 1989, had been taking a combination of zidovudine, zalcitabine, and saquinavir for about a year when he observed a continued thickening of his neck. The cocktail was switched to nevirapine, nelfinavir, and didanosine, but more than a year later he developed a buffalo hump as a result of abnormal fat accumulation in the area. Until something else is developed, the researchers note that liposuction may be an acceptable treatment for abnormal fat deposits, which may play a role in non-compliance with antiretroviral regimens.

## HIV Medical Science

### Abnormal Body-Fat Distribution in HIV-1-Infected Children on Antiretrovirals

*Lancet (04/10/99)*

Researchers from the Boston University School of Medicine investigated the prevalence of abnormal body-fat distribution in HIV-1-infected children. The authors based their data on a survey sent to all pediatric AIDS Clinical Trial Groups and National Institute of Child Health and Human Development sites between March and August of last year. Of the 55 sites responding, 16 reported at least one instance of abnormal fat distribution. A total of 1,644 out of 2,713 children on antiretroviral therapy were taking protease inhibitors. One percent experienced abnormal fat distribution; 0.4 percent of those who did were not taking protease inhibitors, while 1.5 percent were taking the drugs. Nearly two-thirds of the children with abnormal body fat were female, more than 40 percent were African-American, and the average age was 10.9 years. At the time of reporting, the mean viral load in children with abnormal body fat was 98,000 copies, and the mean CD4-cell count was 367 cells. The researchers note that future research should present a standardized definition of abnormal body fat distribution, a comparative analysis of risk factors, evaluations of endocrine abnormalities, and correlations with particular therapies.

### HIV-2 Infection Not Protective Against HIV-1 Infection

*Reuters (04/21/99)*

New research suggests that infection with HIV-2 does not prevent HIV-1 infection. Because the two strains have a similar transmission route, it had been thought that immune response to HIV-2 would prevent subsequent HIV-1 infection. However, a study in the April 16 issue of *AIDS* found that women seropositive for HIV-2 were more likely to generate evidence of infection with HIV-1 than women seronegative for HIV, although the difference between the groups was not statistically significant. In a second study in the same journal, Dr. Hans Norrgren of the University Hospital in Lund, Sweden, found that HIV-2-positive individuals tended toward a higher risk of acquiring HIV-1 than their seronegative counterparts.

## HIV Medical Science

### AIDS Lifts Danger of Cancers

*Sydney Morning Herald Online (05/01/99)*

New findings published in the journal *AIDS* indicate that people with AIDS are more at risk of contracting aggressive cancers. According to Dr. Andrew Grulich, primary author of the study, AIDS patients are more likely to get cancer of the skin or lip, as well as Hodgkin's Disease. The study examined all cases of cancer until 1996 among people diagnosed with AIDS between 1980 and 1993 in New South Wales. The researchers noted that among more than 3,600 AIDS diagnoses, there were 873 cases of cancer, including 62 not usually linked to AIDS.

### Steroids Found to Help Patients Build Muscle

*New York Times (04/14/99)*

Two anabolic steroids provided renewed strength to patients weakened from kidney dialysis and from weight loss due to HIV infection, according to two separate studies in an issue of the *Journal of the American Medical Association*.

While more information is needed about dosage and duration of treatment, dialysis patients given steroids made with nandrolone decanoate increased their average nonfat body weight by 5.5 pounds more than the placebo recipients, according to University of California at San Francisco assistant professor Dr. Kirsten L. Johansen. The second study, led by UCSF researcher Dr. Alison Strawford, found that of 22 HIV-infected patients put on a modest resistance weight lifting program, the 11 who received the synthetic steroid oxandrolone gained an average of 16 pounds versus eight pounds for the placebo group. The researchers observed, however, a significant decline in high-density lipoprotein cholesterol in the steroid recipients.

**For more information, try checking out the**

[www.thebody.com](http://www.thebody.com)  
[www.hivpositive.com](http://www.hivpositive.com)  
[www.projinf.org](http://www.projinf.org)  
[www.aidsproject.org](http://www.aidsproject.org)

**The AIDS Project**  
615 Congress Street - 6th Floor  
(or 142 High Street)  
P.O. Box 5305  
Portland, Maine 04101  
Phone: 774-6877 Fax: 879-0761  
E-mail: [tap@aidspj.org](mailto:tap@aidspj.org)  
Website: [www.aidsproject.org](http://www.aidsproject.org)  
AIDS Hotline: 775-1267  
or 1-800-851-2437

**York County Office**  
Lafayette Center - 4th Floor  
Kennebunk, ME 04043  
Phone: 985-8199  
Fax: 985-8646 \*51  
E-mail: [tap2@mail.javanet.com](mailto:tap2@mail.javanet.com)

**Staff:**  
Doug Bailey,  
HAVEN / Housing Coordinator  
Declan Buckley,  
MSM Outreach Worker  
Diana Carrigan,  
Cumberland County Case Manager

Janine Collins,  
Cumberland County Case Manager  
John Cronin,  
MSM Outreach Worker  
Carolyn Curtis,  
Case Management Intern  
Sequoia Dance,  
Street Outreach Worker  
Douglas Eaton,  
Program Coord. of HIV Prevention  
Denise Ferer,  
York County Case Mngmt. Intern  
Jill Frame,  
HAVEN Case Manager  
George W. Friou,  
Executive Director  
Demetra Giatas,  
Development Director  
John Green,  
HIV Case Manager  
John Holverson,  
Director of Prevention and Education  
Gloria Leach,  
Community HIV Prevention Educator

Nicole Lebreccque,  
Intern  
Annette Lemek,  
Case Management Intern  
Randy May,  
Director of Support Services  
Rebecca Neel,  
Cumberland and York Counties  
Case Manager  
Susan Parr,  
Cumberland County Case Manager  
Getty Payson,  
York County Case Manager  
Steve Reevy,  
Manager / Finance & Administration  
Daniel Schnorbus,  
Client Services Coordinator  
Gerry Scoppettuolo,  
York County Field Outreach Worker  
David Aaron Swander,  
Education / Development Assistant  
Kerry S. Tardiff,  
Administrative / Case Management Assistant  
Art Waller,  
Accounting Assistant





## HIV Drug News

### Researchers Discover AIDS Cocktail Can Rebuild Immune System

Minneapolis Star Tribune Online (05/07/99)

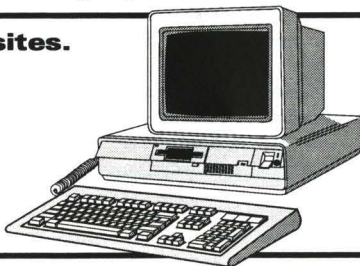
Dr. Zhi-Qiang Zhang and Dr. Ashley Hasse, both researchers at the University of Minnesota, have found that highly active antiretroviral therapy (HAART) may help the immune system regenerate itself. The study, published in *Proceedings of the National Academy of Sciences*, details how Zhang and Hasse tracked the regeneration of the follicular dendritic cell (FDC) network. The FDC network, a key part of the immune system, is often targeted and wiped out by HIV. Previously, researchers thought that once the FDC network disappeared, it was gone for good; however, the new findings indicate that the protective cells of patients on HAART increased in number, approaching levels of HIV-negative individuals. Study co-author Dr. Tim Schacker cautioned, however, that the study involved only individuals who responded well to HAART.

### Immunex Says Leukine Extends AIDS Therapy

Reuters (05/04/99)

The cancer drug Leukine is useful in helping to extend AIDS patients use of antiretroviral drug cocktails, according to the drug's maker, Immunex. Data from the stage III study indicated Leukine stimulates the immune system, suppresses the virus, and lowers the incidence of all infections and death. Unlike antiretroviral drugs that directly attack the virus that causes AIDS, Leukine prevents HIV from entering uninfected cells, as well as rejuvenating cells weakened by the disease's progression. Immunex noted that 83 percent of the 57 patients in the study with undetectable viral levels maintained that undetectable level after 24 weeks of Leukine therapy, versus 54 percent of patients who were given placebo.

these websites.



## HIV Drug News

### HAART Failure Is Common in Clinical Practice

Reuters (04/19/99)

San Francisco researchers report that in clinical practice, many HIV patients who receive highly active antiretroviral therapy with a protease inhibitor will encounter virologic failure within one year. However, the researchers, from San Francisco General Hospital and the University of California, note that cases of immunologic failure were rare during at least the first 12 months. The study involved 337 patients, who all received at least 16 continuous weeks of HAART, and revealed that about half the patients had plasma HIV RNA loads under 500 copies after 48 weeks. The findings were published in the April 16 issue of *AIDS*.

## TAP's York County Clients Can Access The Internet

York County Clients of TAP can use the computer at its Kennebunk office to access the internet. Call Denise Ferer at 985-8199 to set up a time to use the computer.

Also, clients can now e-mail TAP's Kennebunk office at:  
[www.tap2@mail.javanet.com](mailto:www.tap2@mail.javanet.com)

## Why AIDS?

Science News (03/27/99)

Despite millions of dollars for research over the past 15 years that has produced many powerful treatments for AIDS, scientists have yet to unravel the mystery of how HIV invades the immune system and causes it to cease functioning properly. While many scientists initially believed that HIV attacked the immune system by directly targeting helper T cells, immune cells also known as CD4 cells, and eliminating them, several new studies suggest HIV uses a different mechanism to disrupt CD4 cells that is more important and may provide more insight about potential treatments or vaccines. Developed in 1995, one of the first successful theories suggested that HIV destroys CD4 cells, which forces the immune system to produce more CD4 cells that then support the spread of the virus rather than protect against it. Researchers believed the immune system would eventually run out of steam and stop producing CD4 cells. However, a study published in January's *Nature Medicine* indicated that antiretroviral therapy was responsible for an increase in the production of CD4 cells above normal levels, confirming that HIV's impact on CD4 production was as important as its impact on CD4 destruction. A more recent theory reported in January's *Journal of Immunology* showed the virus may force many CD4 cells to leave the blood and enter certain tissues and lymph nodes where they are destroyed or self-destruct. The theory was confirmed in mice but still needs to be tested in humans.

### Board of Directors:

Joel C. Martin, Esq., President  
Michael Martin, Vice President  
Anne M. Romano, CPA, Treasurer  
JoAnne Peterson, Secretary  
Lawrence Bliss  
Michael Burnham  
Jerrold C. Edelberg, Ph.D.  
Dino Giamatti  
Judi Mansing  
Karla B. McGowan  
Frances W. Peabody  
Carl Toney  
John Wade  
Verne Weisberg, M.D.  
Roberta M. Wright

### Advisory Board:

Bettsanne Holmes, Chair  
Josiah K. Adams  
Peter C. Barnard  
Joan B. Burns  
Peter L. Chandler, CPA  
Madeleine G. Corson  
Maria P. Damerel  
Josiah H. Drummond, Jr.

Alice Gemmer  
Pamela W. Gleichman  
Sandra Goolden  
Celeste Gosselin  
Jonathan W. Karol, D.O.  
Leo J. LaPlante, CPA  
Pamela Knowles Lawrason, Esq.  
George M. Lord  
Mallory K. Marshall  
Mary Jean Mork  
Gwendolyn C. O'Guin, D.O.  
Patricia M. Pinto  
Lois Galgay Reckitt  
Victoria A. Rochefort  
Lynn E. Shaffer  
Elizabeth O. Shorr  
John H. Siegle, M.D.  
Cynthia Sortwell, M.D.  
Seth Sprague  
James F. Tomney  
Virginia W. Truesdale  
Margaret Wiles  
Jean T. Wilkinson  
Margo Wintersteen  
Roger F. Woodman  
Frances R. Zilkha

Source for some of the information in this newsletter include:

CDC HIV/STD/TB Prevention News Update

Contributors include:

Doug Eaton  
Denise Ferer  
Billy Hills  
Karla McGowan  
Daniel Schnorbus  
David Aaron Swander  
Judy Vezina  
Johnathan Williams  
People Art © David Cedrone

Kerry S. Tardiff, Distribution  
Mike Martin, Editor





## HIV News

### Risky Business

*Advocate (04/13/99)*

Experts are unable to explain why, and few if any can understand the reasons when provided, but a number of recent studies indicate there has been an increase in the number of gay men who regularly engage in unprotected anal sex, also known as barebacking. According to a survey by the Centers for Disease Control and Prevention about gay male sexual habits in San Francisco, 60.8 percent of men surveyed in 1997 said they always used a condom, compared to 69.9 percent in 1994. And 68 percent of those who participated in unprotected anal sex with multiple partners said they did not know the HIV status of all their partners. For many gay men, the primary justification for engaging in such risky behavior is that they do not see HIV infection as a threat to their lives—a contention the scientific community says is absolutely baseless.

Some experts investigating this potentially deadly decision also note barebacking is seen by some as a way to celebrate risk, while others point out that young gay men living today automatically link being gay with having AIDS. In younger populations, the problem is exacerbated by the fact that many do not know a person who has died from AIDS. The issue of barebacking is particularly difficult to deal with for those trying to prevent HIV transmission and who fear the trend spread could convince others it is okay to have unprotected sex.

### Teen-Agers Can Curb AIDS With Knowledge

*Sun Herald Online (04/19/99)*

Half of the new HIV cases in the United States involve people under the age of 25. The causes for this have been attributed, in part, to a lack of awareness and risky behavior. Also, teenagers are having sex earlier than before, with 77 percent of girls and 86 percent of boys having had sex by age 20. The three main routes to HIV infection are sexual intercourse, intravenous drug use, and blood transfusions, although blood testing has made this very rare. In Mississippi, the group Pioneers for AIDS Counseling and Training (PACT) encourages HIV education by sending teenagers to speak about the issue to youth groups and clubs. "We show videos and talk about some things that make people uncomfortable, but it's so important," notes PACT founding member, 16-year-old Natalie Davidson.

### Checking in With David Ho

*Rolling Stone (04/29/99)*

In an interview with *Rolling Stone*, renowned AIDS researcher Dr. David Ho discussed the state of the AIDS epidemic. Participants at the International AIDS Conference in Geneva last summer heard reports that the costly combination drug therapy made famous by Ho does not work for everyone, has stopped working in some, or has significant side effects. But Ho points to the significant decreases in AIDS-related deaths in the United States and Europe in the past several years as evidence of progress. He views a cure as a long-term goal, but sees the possibility of the immune system being able to control the virus without drugs as potentially much closer. Ho sees HIV education and the development of a vaccine as two key prevention measures. The researcher noted that AIDS needs to become a national priority, citing the soaring rates of infection in countries like South Africa, India, and China as an example.

## HIV News

### A New Foe in the Fight Against AIDS

*Boston Globe Online (04/21/99)*

In a commentary, Larry Kessler, of the AIDS Action Committee in Boston, cites a new attitude of complacency as the greatest hurdle facing those battling AIDS. This complacency can be seen in reduced AIDS funding and risky sexual practices. To fight the complacency, Kessler points out that efforts should be redoubled in the areas of prevention and in keeping HIV-infected individuals healthy. He also suggests that clean needle programs and education programs must be emphasized if the spread of the disease is to be curbed.

### Doctors Must Report Names of Those Who Test HIV-Positive

*Topeka Capital-Journal Online (04/16/99)*

Kansas Gov. Bill Graves signed into law a measure that would force physicians and laboratories to report to the state Department of Health and Environment the names and addresses of individuals testing positive for HIV. Previously, only those diagnosed with AIDS had their names reported to the state; cases of HIV were reported only in terms of the number of infections. Under the new bill, the secretary of the state health department would be required to establish rules regarding the confidentiality of data about HIV-infected individuals that are as demanding as those employed by the Centers for Disease Control and Prevention.

### Ministers Seek to Cut AIDS Toll Among Blacks

*Los Angeles Times Online (04/22/99)*

A coalition of ministers will be working with the state of California in an effort to fight AIDS in the African-American community. In the United States, AIDS is the No. 1 killer of African Americans between the ages of 25 and 44. The new Statewide Church Advisory Board will provide materials, provide technical help, and a ministry kit designed to teach religious leaders about the illness and how to incorporate it into their sermons. The hope of the ministers is that they will be able to disseminate knowledge of the disease to their congregation, and so help to cut incidence of the disease.

### UK Sees Record HIV Infection Levels in 1998

*San Jose Mercury News Online (04/13/99)*

New statistics estimate that the number of new HIV infections in the United Kingdom rose to almost 3,000 last year, the highest rate since the epidemic began. The Terrence Higgins Trust, which made the predictions, said the findings reflect a need for greater safe sex education. The charity has yet to compile the final statistics for 1998, but noted that the number of HIV-infected individuals in the United Kingdom could increase by 50 percent to about 27,000 by 2003. A MORI poll on attitudes toward sex revealed that many groups were still unaware of the risks of unprotected intercourse, the trust said.

**Next Issue  
IN THE AFFIRMATIVE**

**Mid-June 1999**

## HIV Drug News

### Supervised Breaks From HIV Meds May Strengthen Immunity

*MSNBC Online (05/04/99)*

Investigators, fearing that the new antiviral medications may be a temporary fix, are exploring the idea of killing HIV with the body's natural defenses. Some researchers also believe that genetic engineering may help the body fight HIV. "One way to do that is to try to take the cells that the patients have and now refocus them so they can do what the virus has destroyed," John Ceravsky, an American patient diagnosed with HIV, stopped taking his medication at the recommendation of his doctors last February. Although he has had to return to his medications because the virus drove his T-cell count down, doctors note that he can go longer and longer without medication.

### HIV Heresy

*New Scientist (03/27/99)*

While the use of so called drug cocktails has greatly improved the lives of many HIV-infected patients, some AIDS researchers now are proposing that patients take carefully scheduled "holidays" from their combination therapies to let the body's own immune system fight the disease. Researchers advocating this approach believe that suspending use of the drug cocktail, which interrupts two key viral enzymes, will allow the body to create a strong cytotoxic T lymphocyte (CTL) response that will control the virus.

At the recent Conference on Retroviruses and Opportunistic Infections, Franco Lori of the Research Institute for Genetic and Human Therapy presented the case of a patient in Berlin using a triple-drug combination that was stopped twice and ultimately suspended who showed negligible HIV levels after two years. A study by Lori involving monkeys found a similar result at 145 days after the animals had taken several monitored drug holidays. Despite the animal study and other anecdotal evidence of similar success, researchers emphasized that randomized controlled trials were needed to be sure the approach was effective in humans and did not lead to drug resistance. If the strategy does prove effective, researchers said it may be possible for some patients to suspend drug treatment indefinitely.

### Successful Treatment of Pediatric HIV-Related CMV Encephalitis Reported

*Reuters Health Information Services (04/16/99)*

Swiss researchers report that combining ganciclovir treatment with highly active antiretroviral therapy can resolve the cerebral lesions and clinical symptoms of pediatric HIV-related cytomegalovirus encephalitis. Until now, only one case of successful treatment of pediatric HIV-related CMV encephalitis has been reported; however, Dr. Christoph Rudin, of the University Children's Hospital in Basel, and colleagues detail in April's *Pediatric Infectious Disease Journal* the second successful treatment of the disease. The researchers found that within weeks of receiving the new treatment, the subject's clinical and neurological symptoms improved remarkably. According to the researchers, the effectiveness of the treatment seems to rest on its interdisciplinary approach, which utilizes social and psychiatric support in addition to the prescribed medical treatment.



# AIDS Hotline is Seeking Volunteers

Doug Eaton, Hotline Coordinator, is seeking applications from qualified volunteers to fill vacancies on the Hotline. Doug feels that using clients as Hotline workers would enhance the service that the Hotline provides to those wanting information about transmission, safer sex, and referrals to testing sites.

If you would like to talk with Doug about this opportunity, give him a call at 775-1267 or 1-800-851-2437. If you get the answering machine, please leave a message and Doug will get back to you.



## HIV and Women

### Antiretroviral Therapy Reduces HIV Levels in Female Genital Tract

Reuters (04/09/99)

Correlations between plasma HIV levels and HIV vaginal load have been reported, by researchers from the CDC, along with major reductions in both after antiretroviral therapy. The researchers say that successful antiretroviral therapy may reduce "the risk of perinatal and heterosexual transmission by lowering vaginal virus load." The group used a quantitative-competitive reverse-transcriptase polymerase chain reaction assay to assess the correlation between plasma and genital tract HIV levels.

### Increased STD Risk Seen in HIV-Infected Women

Reuters (04/13/99)

Research published in the March issue of *Sexually Transmitted Diseases* indicates that HIV-infected females have a higher rate of lower genital tract infection. The study, conducted by the Women's Interagency HIV Study, also revealed that sexually transmitted disease symptoms become more noticeable over the course of HIV infection. According to the authors, HIV-infected women were more likely than HIV-negative women to have a history of STD's, excluding bacterial vaginosis and chlamydia. To reduce the occurrence of lower genital tract symptoms and possible sequelae of STDs, the researchers recommend that women infected with HIV receive careful gynecologic exams.

### HIV-Infected Mother Loses Fight for Baby

Los Angeles Times (04/21/99)

On Tuesday, Juvenile Court Judge Maurice Merten refused to give up state custody of an infant born to an HIV-positive woman who wants to breast feed. "The parents may choose to run that risk with the child, but the court may second-guess that decision," Judge Merten said. The four-month-old boy will be allowed to live with his family, but a caseworker from Oregon's Office for Services to Children will visit periodically to ensure that the order is being fulfilled. Kathleen Tyson's case rested on the contention that HIV does not cause AIDS and cannot be transmitted through breast milk; however, witnesses for the state testified that breast milk from an infected mother has a very high risk of virus transmission.

## HIV Vaccine News

### Single-Strain Vaccine Danger

Scientific American (04/99)

Single-strain vaccines may increase an individual's risk of contracting disease, according to a new model described in the January issue of *Proceedings of the National Academy of Sciences*. Viruses often exist in multiple strain complexes; antibodies to a single strain of a virus are usually active against related strains. Researchers found, though, that certain viruses react to antibodies of closely related strains by mounting a more severe attack on the host. In this scenario, vaccines against single strains—such as some that are under development against HIV—could result in increased risk of disease.

### After 17 Healthy Years, Hope of 'Safe' H.I.V. Dies

New York Times (04/20/99)

Australian researchers, studying a small group of individuals who have been infected with HIV for years without any AIDS symptoms, recently ended their hope of developing a vaccine from the naturally weakened live virus strain. The patients, who contracted HIV via transfusions from one blood donor, have lived with HIV for up to 17 years. However, the donor was diagnosed in February with an AIDS-related infection of the brain and spinal cord, and two patients have weakened immune systems, although they have not become sick. The strain of HIV was weakened by a natural deletion of nef. The researchers will continue to study the three infected individuals who are still healthy.

### Mortality Rising in Developing Countries Due to AIDS, Environmental Limits

Reuters (04/12/99)

A new study from the concludes that HIV, falling water stocks, and shrinking crop land are contributing to rising mortality rates in the world's poorest nations. Lester Brown, co-author of "Beyond Malthus, Nineteen Dimensions of the Population Challenge," notes that the HIV epidemic is soaring out of control in some developing nations, with infection rates as high as 20 percent to 25 percent in countries like Zambia and Botswana. Short of a miracle, 20 percent to 25 percent of the adults in nations with high HIV infection rates will die during the next seven years, Brown forecast.

## HIV Drug News

### Study AIDS Drugs Long-Term, Makers Told

Toronto Globe & Mail (05/04/99)

Dr. Julio Montaner, co-director of the Canadian HIV Trials Network, and treatment pioneer Dr. Joep Lange, recently criticized the pharmaceutical industry for neglecting to study the long term side-effects of AIDS drugs. Dr. Montaner said that pharmaceutical companies should be required to do follow-up tests of their medication as part of the approval process for the drugs. Increasingly, some patients who have been using the powerful new AIDS therapies have developed premature heart disease, lipodystrophy, and liver disease. "What we have is a tremendous improvement over what we used to have," Dr. Lange said, "but we must find ways to reduce life-threatening toxicity."

### Drugs May Cause AIDS to Lurk in Cells

Washington Post (04/27/99)

New research in the journal *Nature Medicine* estimates that HIV can hide undetected in people taking antiviral drugs for up to six decades. The drugs can reduce the body's levels of HIV to undetectable levels, but they cannot eliminate the hidden reservoirs of HIV in cells. The researchers, led by Robert Siliciano of Johns Hopkins School of Medicine, studied 34 HIV-infected adults who were all taking virus-suppressing treatment. Based on samples of "resting" CD4 T cells in the patients' blood, the researchers estimated how many cells were concealing HIV at various points of treatment, calculated how long it would take this reservoir of infected cells to die, and came up with an estimate of about 60 years.

### FDA Approves an AIDS Drug From Vertex

Wall Street Journal (04/19/99)

The U.S. Food and Drug Administration granted on marketing authorization to Vertex Pharmaceuticals for Agenerase, the fifth drug targeting HIV's protease enzyme that has been approved for the treatment of AIDS. Vertex developed the drug, which will be marketed by Glaxo Wellcome, using technology licensed from Monsanto's G.D. Searle unit. One advantage of Agenerase over other approved protease drugs is that patients need take it only twice a day, rather than three times a day; but users must consume eight pills of Agenerase at each sitting, compared to two to six when using the other drugs.



# Come On Out for a Walk!

The Outdoor/Wellness Group is continuing throughout the summer! The locations for the walks will be given to you when you contact Denise Ferer, Case Manager, in TAP's York County Office by calling 985-8199. All those interested can contact Denise directly!

This group has been put together so that you can be outside enjoying yourself and having fun while meeting new people! Trips are held one Saturday for each of the summer months from 11:30 a.m. to approximately 2 p.m. Bring a lunch, a pair of comfortable shoes and your good spirits! Transportation is provided, if needed.

The dates for the summer walks are:

**June 12** (rain date - June 19)

**July 10** (rain date - July 17)

**August 14** (rain date - Aug. 21)



## SUPPORT GROUPS

FOR PEOPLE INFECTED  
AND AFFECTED BY HIV/AIDS

### MONDAYS

**Time: 5:00 p.m. to 6:30 p.m.**

*Group: HIV and Substance Abuse*

Location: Portland, The Meeting Room, Suite 632.

Contact Carolyn Curtis at TAP at 774-6877, or David

Gordon at Portland Public Health at 874-8784.

### TUESDAYS

**Time: 10:30 a.m. to noon**

*Group: HIV Infected/Affected Drop-In Support Group*

A meeting for people living with and affected by the virus.

Location: Portland, TAP, The Meeting Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.

### THURSDAYS

**Time: 10:00 a.m. to 11:30 a.m.**

*Group: HIV Infected/Affected Drop-in Group*

A TAP-sponsored meeting for people

living with and affected by HIV/AIDS in southern Maine.

Location: Sanford, Unitarian Church, located at the corner of  
Main St. (Rte. 109) and Lebanon St. (Rte. 202).

Contact Getty Payson at TAP at 985-8199 for more info.

**Time: 12 noon**

*Group: Open Lunch for TAP Clients/Staff*

An informal luncheon gathering of TAP staff and clients.

Location: Portland, TAP, Conference Room.

Contact Daniel Schnorbus at TAP at 774-6877 for info.

**Time: 5:30 p.m. to 7:00 p.m.**

*Group: People Living with HIV/AIDS*

A drop-in support group for anyone with HIV/AIDS.

Location: Portland, TAP, The Meeting Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.

### >>>>New Group<<<<

**When: Day and Time to be announced**

*Group: Expressive Therapy*

Explore your creativity through art, music, movement.

Location: Portland, The Meeting Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.



## CLIENT SERVICES

### MEDICAL ASSISTANT FUNDS

An important reminder to clients:

There are funds available to TAP clients with financial need for the following items: Routine Dental Care, Routine Eye Care and Eyeglasses, Vitamin Supplements, Non-Prescription Skin Care Products, and Non-Medicaid Medication Co-pays.

There is a dollar limit to how much a client can receive in any fiscal year. Contact your case manager for assistance.

### WELLNESS AND YOU PROGRAM

A stress reduction and physical activity program designed for people living with HIV/AIDS. In this program individuals can participate in a variety of supervised physical activity, education, and specialized stress management segments. Contact Daniel at TAP at 774-6877 for more information.

### IMMEDIATE SEATING

For free tickets to area events as they become available, sign up for "Immediate Seating." Call Daniel at TAP at 774-6877 for more information.

### THE MEETING ROOM

This room is used by TAP in Portland for support groups, counseling and testing, and some client/case manager meetings. Located in Suite 632, it provides more privacy for people served by TAP.

Enter from the High Street side of the building.

### I.V. LEAGUE

Meetings of the I.V. League support group are held on Thursdays from 10:00 to 11:30 a.m. at First Parish Church at 425 Congress St. in Portland. (Use the right side entrance and ring the bell.) This group is for IV Drug Users past and present.

For more information, call Steve Farrell at 874-8775.

## FOR YOUR INFORMATION

### AIDS HOTLINES

Questions about HIV/AIDS?

Call toll-free

National AIDS Hotline:

**1-800-342-2437**

Maine AIDSline:

**1-800-851-2437**

### HIV WEBSITES

Check out these websites:

[www.hivpositive.com](http://www.hivpositive.com)

[www.thebody.com](http://www.thebody.com)

[www.projinf.org](http://www.projinf.org)

for info on HIV and AIDS.

### TAP ON-LINE

Visit our new website at: [www.aidsproject.org](http://www.aidsproject.org)

To e-mail The AIDS Project,

send your message along to:

[tap@aidsproject.org](mailto:tap@aidsproject.org) (Portland)

or [tap2@mail.javanet.com](mailto:tap2@mail.javanet.com) (Kennebunk)

## For more information about programs at The AIDS Project, call 774-6877.



# Come On Out for a Walk!

The Outdoor/Wellness Group is continuing throughout the summer! The locations for the walks will be given to you when you contact Denise Ferer, Case Manager, in TAP's York County Office by calling 985-8199. All those interested can contact Denise directly!

This group has been put together so that you can be outside enjoying yourself and having fun while meeting new people! Trips are held one Saturday for each of the summer months from 11:30 a.m. to approximately 2 p.m. Bring a lunch, a pair of comfortable shoes and your good spirits! Transportation is provided, if needed.

The dates for the summer walks are:

**June 12** (rain date - June 19)

**July 10** (rain date - July 17)

**August 14** (rain date - Aug. 21)



## SUPPORT GROUPS

FOR PEOPLE INFECTED  
AND AFFECTED BY HIV/AIDS

### MONDAYS

**Time: 5:00 p.m. to 6:30 p.m.**

*Group: HIV and Substance Abuse*

Location: Portland, The Meeting Room, Suite 632.

Contact Carolyn Curtis at TAP at 774-6877, or David Gordon at Portland Public Health at 874-8784.

### TUESDAYS

**Time: 10:30 a.m. to noon**

*Group: HIV Infected/Affected Drop-In Support Group*

A meeting for people living with and affected by the virus.

Location: Portland, TAP, The Meeting Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.

### THURSDAYS

**Time: 10:00 a.m. to 11:30 a.m.**

*Group: HIV Infected/Affected Drop-in Group*

A TAP-sponsored meeting for people living with and affected by HIV/AIDS in southern Maine.

Location: Sanford, Unitarian Church, located at the corner of Main St. (Rte. 109) and Lebanon St. (Rte. 202).

Contact Getty Payson at TAP at 985-8199 for more info.

**Time: 12 noon**

*Group: Open Lunch for TAP Clients/Staff*

An informal luncheon gathering of TAP staff and clients.

Location: Portland, TAP, Conference Room.

Contact Daniel Schnorbus at TAP at 774-6877 for info.

**Time: 5:30 p.m. to 7:00 p.m.**

*Group: People Living with HIV/AIDS*

A drop-in support group for anyone with HIV/AIDS.

Location: Portland, TAP, The Meeting Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.

### >>>>New Group<<<<

**When: Day and Time to be announced**

*Group: Expressive Therapy*

Explore your creativity through art, music, movement.

Location: Portland, The Meeting Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.



## CLIENT SERVICES

### MEDICAL ASSISTANT FUNDS

An important reminder to clients:

There are funds available to TAP clients with financial need for the following items: Routine Dental Care, Routine Eye Care and Eyeglasses, Vitamin Supplements, Non-Prescription Skin Care Products, and Non-Medicaid Medication Co-pays.

There is a dollar limit to how much a client can receive in any fiscal year. Contact your case manager for assistance.

### WELLNESS AND YOU PROGRAM

A stress reduction and physical activity program designed for people living with HIV/AIDS. In this program individuals can participate in a variety of supervised physical activity, education, and specialized stress management segments. Contact Daniel at TAP at 774-6877 for more information.

### IMMEDIATE SEATING

For free tickets to area events as they become available, sign up for "Immediate Seating." Call Daniel at TAP at 774-6877 for more information.

### THE MEETING ROOM

This room is used by TAP in Portland for support groups, counseling and testing, and some client/case manager meetings. Located in Suite 632, it provides more privacy for people served by TAP.

Enter from the High Street side of the building.

### I.V. LEAGUE

Meetings of the I.V. League support group are held on Thursdays from 10:00 to 11:30 a.m. at First Parish Church at 425 Congress St. in Portland. (Use the right side entrance and ring the bell.) This group is for IV Drug Users past and present.

For more information, call Steve Farrell at 874-8775.

## FOR YOUR INFORMATION

### AIDS HOTLINES

Questions about HIV/AIDS?

Call toll-free

National AIDS Hotline:

**1-800-342-2437**

Maine AIDSline:

**1-800-851-2437**

### HIV WEBSITES

Check out these websites:

**[www.hivpositive.com](http://www.hivpositive.com)**

**[www.thebody.com](http://www.thebody.com)**

**[www.projinf.org](http://www.projinf.org)**

for info on HIV and AIDS.

### TAP ON-LINE

Visit our new website at: **[www.aidsproject.org](http://www.aidsproject.org)**

To e-mail The AIDS Project,

send your message along to:

**[tap@aidsproject.org](mailto:tap@aidsproject.org)** (Portland)

or **[tap2@mail.javanet.com](mailto:tap2@mail.javanet.com)** (Kennebunk)

## For more information about programs at The AIDS Project, call 774-6877.